

ACCESS

Newsletter of the Nebraska Office of Rural Health,
Nebraska Department of Health & Human Services,
Division of Public Health
and the Nebraska Rural Health Association
for all rural health stakeholders
Issue 62, May 2011

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Matchmaking for rural healthcare

by David Howe

It's a little like a blind date: Get together. Get to know each other. Explore mutual interests and values. See if there's any chemistry there. And, maybe, a long-term relationship will develop.

The suitors in this case are rural areas—rural health practices, to be precise—and University of Nebraska Medical Center medical students. The hoped-for long-term relationships are medical careers in those rural areas.

Stretching the analogy a bit further, some matchmaking is going on by way of a \$200,000, 3-year Rural Health Workforce Development Grant from the Federal Government's Health Resources and Services Administration (HRSA).

"It's about getting (medical) students to love the rural area," said Joleen TenHulzen Huneke, Executive Director of the Rural Comprehensive Care Network (RCCN). HRSA awarded the grant to the RCCN for finding ways to attract and retain medical school graduates in rural practices.

Huneke is administering the grant for the RCCN, a non-profit organization of South East Rural Physicians Alliance (SERPA) and the Blue River Valley Network (BRVN) hospitals—19 hospitals and more than 60 physicians, in all.

She and other RCCN staff members, in their first year of the grant, have already held the first of a series of workshops in which UNMC medical students get to meet with RCCN physicians. The students get a chance to train on such procedures

as stitching, intubation, joint injection, reading EKGs, applying casts and starting IVs, under the guidance of physician preceptors. Procedures such as stitching are done on pigs' ears and feet. In other procedures—joint injections, for instance--the students practice on simulators provided by the UNMC Simulation Lab.

Most of the students are in their second year at UNMC. All are medical students. Some are RHOP students (see story about RHOP elsewhere in this newsletter).

"They (students) are learning from the best," Huneke said of the RCCN physicians who act as preceptors to the students. "These are some of the best practitioners we have in the state." The students are impressed at how broadly skilled these rural physicians are, and that the physicians will take the time to teach them in the wide range of procedures that a rural practice entails, she said. Two more workshops are scheduled for this fall, with a goal of four workshops a year as the program becomes fully implemented.

RCCN hospital CEOs are a big help with this program, too, said Huneke. They take time to meet with the students, something CEOs of large urban hospitals would have difficulty finding time for in their schedules, she said. "It says a lot about their respect for these young people and the community."

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Efforts under the grant may be broadened in the future to bring in physician assistants as preceptors, as well, according to Huneke.

The grant program began with about 20 students. But, that number has been reduced to 12 to 15, which permits a ratio of no more than four or five students per preceptor for maximum learning, Huneke said.

The workshops, however, are not where activities begin and end under the HRSA Workforce Grant. It's letting students experience the richness of rural culture through lunch-time visits with non-health professionals in the community, said Renee Bauer, Community and Workforce Development Coordinator for the RCCN. For instance, the students have met with a local high school speech teacher and a small business operator. Those kinds of interactions will be expanded to include attending meetings of civic organizations such as the Chamber of Commerce and local economic development offices. Students will have an opportunity to interact with leaders of those organizations, Bauer said.

"We want to bring students out of the school environment. We want to connect them very strongly with the community," Bauer said. The goal is for students to meet young community members, who could be their friends, sharing cultural, educational and lifestyle interests, she continued. "That's key to having them come back later (as health professionals)." What many students may not realize, Huneke and Bauer said, is how many young professionals have migrated to rural areas in recent years. Workforce grant efforts are designed to make visiting medical students aware of that.

Future community connections may include meeting with farmers and agricultural organizations, Bauer and Huneke noted. Other activities envisioned under the grant include having the students do "workups" on farmers' health histories. Maybe even a mock rural catastrophe involving law enforcement and EMTs may be added, Bauer said.

All of these efforts to immerse students

in a rural setting are carried out through day trips from UNMC for the students. There are no overnight stays. The grant money covers such things as meals, transportation and consumables in the workshops.

Time constraints are a challenge. Teaching is conducted, even during travel from Omaha to the rural community, Bauer said. "So, they (students) have no idle time."

Not only do second-year med students come to the RCCN's rural areas. The RCCN's physicians are invited to come to UNMC to meet with medical students, according to Huneke. That encourages students to visit the southeast Nebraska area under the grant's activities, she added. "UNMC has been phenomenal to work with."

And, how do the students find the program so far?

In the students' evaluations of their experiences through the program, everyone of them said they are interested in a rural community practice, according to Bauer. The students reported that they were surprised at "how truly engaging the whole experience was," she added. "Also, they were very pleased that a physician could take them through so many skills." The students were impressed at how knowledgeable these rural physicians have to be, Bauer said.

For more information, contact Joleen TenHulzen Huneke at jthserpa@neb.rr.com □

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If you have any questions, please e-mail Ann.Larimer@nebraska.gov.

Outreach Behavioral Health Clinics: increasing rural access

The need for increased numbers of behavioral health providers in rural areas in Nebraska continues to be significant. Health Professions Shortage Areas (HPSAs) in the State for mental health services are significantly above the national average (Bureau of Primary Health Care Database, 2009) and are present in 88 of the State's 93 counties.

To address this need, Dr. Joseph Evans and the staff of the UNMC Munroe–Meyer Institute (MMI) Psychology Department have continued to expand MMI's Outreach Program for psychologists who provide services within rural primary care offices for rural families in Nebraska. This program was first introduced in Columbus, Nebraska, in 1997 with MMI faculty and students traveling to the community and providing services 1-2 days per week. Expansion efforts by the MMI Behavioral Health Clinics Program have been significantly expanded and have improved access to care through the creation of 20 outreach clinics (14 staffed by UNMC) and a total of 9 Omaha area clinics in primary care.

Clinical services and training are provided for a wide variety of infant, child, and adolescent behavioral, social-emotional, developmental, physical, and cognitive disorders. In many of the rural communities, the faculty member has actually moved into the community. The goals for this program are to:

1. provide behavioral services to children, adolescents and families in underserved areas,
2. train behavioral health specialists in primary care delivery,
3. place and retain behavioral health specialists in rural communities, and
4. conduct research demonstrating the effectiveness of this model.

Since 2007, over 25,000 behavioral health visits have been provided across Nebraska to families with children and adolescents. Presently, integrated behavioral health services are offered at the following Department-operated Behavioral Health Clinic (BHC) rural sites:

- Columbus Community Hospital Pediatric Clinic (est. 1997)

- Children and Adolescent Clinic, P.C. (Hastings; est. 1998)
- University Medical Associates Plattsmouth (est. 2000)
- Kearney Clinic, Pediatrics (est. 2003)
- Chadron Medical Clinic (est. 2004)
- Crawford Medical Clinic (est. 2004)
- Gordon Medical Clinics (est. 2004)
- Crete (est. 2005)
- Lexington Plum Creek Medical Group (est. 2006)
- Rushville Medical Clinic (est. 2006)
- Grand Island Clinic, Inc. (est. 2008)
- North Platte Adolescent and Child Care Specialists, P.C. (est. 2008)
- Alliance Box-Butte Hospital (est. 2009)
- Wahoo (est. 2011) and in "collaborating outreach sites" staffed by former trainees in the:
- Valley Physicians Clinic,
- Fremont Pediatric Partners,
- Nebraska City Behavioral Health Solutions, and
- Lincoln Complete Children's Health Care (3).

The program also emphasizes educational integration into rural communities. Faculty, staff and trainees have, over the past five year, provided over 80 community presentations on topics including managing child behavior, bullying, addressing academic behaviors, ADHD, eating difficulties, sleep concerns, obesity, toileting problems, etc. Community participants have included daycare providers, parents, Middle School students, residential care providers, Head Start staff, and educators.

Training in this model has expanded over the past 13 years with the expansion of sites. A total of 42 post-doctoral psychology fellows, 84 pre-doctoral psychology interns, and 78 Master's level behavioral health externs have participated in primary care clinical training experiences. Of those students completing training between 2007 and 2010, 51% continued to work with rural and underserved populations. Training for pre-doctoral interns and post-doctoral fellows has involved to these areas (a) minimum of one six month rotation in a Rural Integrated Behavioral

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Health Clinic, (b) exposure to interdisciplinary education activities, and (c) participation in clinics for children and adolescents with disabilities (e.g., Cerebral Palsy clinic, Midline/Spina Bifida clinic, Neonatal Intensive Care Unit follow-up clinic, Neurobehavioral clinic, Children with Special Health Care Needs clinics in rural Nebraska and/or the Native American reservation in Winnebago, Nebraska).

Pediatric and Family Medicine residents are also involved in training within the Outreach Behavioral Health Clinics program. As part of their month-long rotations in Developmental and Behavioral Pediatrics, residents are trained, side by side, with psychology interns and post-doctoral fellows. Each month, residents participate in behavioral training and also accompany Psychology faculty members to primary care sites that demonstrate how integrated behavioral health services are delivered using a collaborative team of physicians and psychologists.

Reaching beyond Nebraska, the outreach staff has contributed to the literature by publishing 34 articles and presenting over 100 papers at State, Regional and National

Conferences. In addition, replication efforts are underway in Iowa City, Iowa, Meridian, Missouri, Danville, Pennsylvania, and Johnson City, Tennessee. In recognition of Dr. Evans' contribution to the field of integrating behavioral health services into rural primary care, he received the American Psychological Foundation Cummings PSYCHE prize in 2008. In October 2009, Dr. Evans gave an invited address at the annual meeting of the American Academy of Pediatrics in Washington, D.C. on "Integrated Behavioral Health in Primary Care: Getting Mental Health services to Pediatric Patients and their Families," and has been a guest speaker at the "Integrated Behavioral Health Care Conference" held in Phoenix in October, 2010.

Funding for this program comes from a Graduate Psychology Education grant from the U.S. Health Resources and Services Administration for the overall purpose of addressing the critical shortage of psychologists practicing in underserved areas, particularly in rural Mental Health professions Shortage Areas (HPSA) in Nebraska.

Visit <http://www.unmc.edu/mmi/behavioral/> for additional information. □

SAVE THE DATE!!

*September 21 will be
an all day CRHC
Coding and Billing
Workshop*



**Nebraska Rural
Health Association**

**2011 Annual Conference
September 21st & 22nd, 2011
Younes Conference Center
Kearney, NE**

**For more information contact the Nebraska Rural Health Association,
Melissa Beaudette: (402) 421-7995 or mbeaudette@mwhe-inc.com**

Future healthcare pros for Rural Nebraska

By David Howe

College athletics and the military are likely to come to mind first for most of us, at the mention of recruiting programs.

But, count healthcare among institutions that find it vital to tap into the dreams and imaginations of high school and even grade school students talented enough to meet tomorrow's healthcare needs—particularly in rural areas.

That's especially so in a rural state like Nebraska, where one in every three counties is a "frontier county" (fewer than 6 people/square mile) and two of every three counties have "health professional shortage areas."

What's more, a disproportionate number of health professionals in these rural areas are approaching retirement age. And, they're serving populations that tend to be more elderly, with attendant higher healthcare needs than is true of urban areas. The healthcare demand picture becomes even more compelling, given healthcare reform's potential to bring a previously uninsured segment of the population under healthcare coverage.

Those are among reasons that the Rural Health Opportunities Program (RHOP) is so important, according to Dr. Patrik Johansson, Director of the Rural Health Education Network (RHEN) at the University of Nebraska Medical Center (UNMC) College of Public Health.

Through RHOP, rural high school students who maintain academic standards are granted undergraduate tuition waivers at Chadron State College and Wayne State College, along with preadmission to UNMC's programs which include: clinical laboratory science, dental hygiene, dentistry, medicine, nursing, pharmacy, physical therapy, physician assistant, and radiography.

All of those UNMC programs are available through RHOP at Chadron State College and Wayne State College. And now, the 20-year-old RHOP program is being expanded to include Peru State College, as well as a similar program at the University of Nebraska at

Kearney (UNK). More about this expansion of RHOP in a moment.

The tuition waivers at the state colleges were established as part of a cooperative program between UNMC and the state colleges. The Nebraska State College System Board of Trustees authorizes the RHOP waivers as part of a tuition remission program.

Tuition waivers under UNK's agreement with UNMC are part of UNK's budget and general scholarship fund.

RHOP students incur no legal obligation to practice in a rural area upon completion of their training. Instead, the program is based on a "commitment of the heart" to follow that rural healthcare career path, said Dr. Johansson.

Rural, as defined by RHOP, is any location outside of Douglas, Sarpy, Lancaster, and Dakota Counties.

Since the program's inception 20 years ago, RHOP has successfully populated rural Nebraska with health care practitioners. As of the fall of 2010, 340 students had completed training in nine different health fields at UNMC. Of those, 176 (52%) are practicing in rural Nebraska areas and another 27 (8%) are practicing in rural areas of other states. That's 60% of the graduates who are currently working in rural areas. Furthermore, since RHOP began, 74% of all the graduates have worked in a rural community at some point in their career, according to Dr. Johansson.

In addition to the above-mentioned 340 RHOP graduates, another 19 RHOP graduates are in residency programs. There are 25 UNMC RHOP graduates who are not currently practicing or have changed careers, bringing the total number of RHOP graduates to 384 according to RHEN data.

RHOP is not associated with any specific funding. Rather, it's a program carried out through the aforementioned tuition waivers and the support role of RHEN.

RHEN plays a critical role in recruiting

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youth from Nebraska's rural areas as future rural healthcare professionals, coordinating prospective RHOP student visits to UNMC and tracking RHOP students.

Created by the Nebraska Legislature in 1991, RHEN has played an important recruitment and support role for additional rural initiatives at UNMC. RHEN's website description of its role states that it "promotes the development of healthcare professionals serving rural Nebraska through programs addressing the needs of K-12 students, undergraduate students, healthcare professions, graduate students, parents, teachers, guidance counselors, rural healthcare professions, employers and other stakeholders."

That role is carried out through partnerships with rural communities, primary healthcare providers, Nebraska's Area Health Education Centers (AHEC), and other rural organizations. The AHECs are funded by the U.S. Department of Health and Human Services Health Resources Services Administration. AHECs promote health careers from kindergarten through college and include other health profession education and support services. Partnerships such as these allow RHEN to stay in touch with rural communities across the state.

Dr. Johansson lists a number of health, education and community organizations with whom the organization works, including: Nebraska Hospital Association, Nebraska Medical Association, Rural Comprehensive Care Network, UNMC Student Association for Rural Health, Nebraska Coalition for Lifesaving Cures, Nebraska Area Health Centers, Nebraska Community Colleges, rural hospitals, rural clinics and individual providers.

It's through partnerships with those organizations and individuals that RHEN has supported efforts such as the following: a Nebraska health career book "Careers in Health Care: Challenges of a Lifetime;" Regional and State Science Meets for eighth grade students; UNMC campus tours for groups of rural high school students and teachers;

UNMC's Student Association for Rural Health (SARH); Rural Health Career Day; weeklong workshops for Nebraska undergraduate college students; Student/Residents Experiences and Rotations in Community Health (SEARCH), a program that promotes rural healthcare practice among health profession students and residents; and the Science Education Partnership Award (SEPA) that promotes science to Native American students. SEARCH is funded by the U.S. Department of Health and Human Services Health Resources Services Administration. SEPA is funded by the National Institutes of Health.

Under the aforementioned expansion now in progress, RHOP will include Peru State College and, in a separate agreement, the University of Nebraska at Kearney (UNK). The UNK program, because it's under an agreement with the University of Nebraska and is separate from the one with the three state colleges, will be called the Kearney Health Opportunities Program or KHOP.

Sixteen high school seniors will begin at UNK this fall under the KHOP program in medicine, nursing, radiography and clinical laboratory science, according to Peggy Abels, Director of Health Services at UNK. Those students come from rural areas across the state, including such communities as Alliance, Arcadia, Red Cloud, and North Platte.

Pharmacy will be added in 2012, Abels said.

KHOP is also available to non-traditional students (post-high school enrollees from professions or backgrounds other than healthcare, such as business and biology) for preadmission to the College of Medicine at UNMC, Abels said. Seven students have already matriculated in the College of Medicine at UNMC. An eighth non-traditional student in that program will begin classes at UNMC this fall.

The RHOP expansion comes about at Peru State College through UNMC's College of Pharmacy. Peru State College will begin accepting applications for pharmacy RHOP this fall, with three students plus alternates being

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selected to start their undergraduate education in the fall of 2012, according to Dr. Charles Krobot, Associate Dean for Student Affairs at UNMC's College of Pharmacy. For now, only pharmacy is being offered through RHOP at Peru State College. Other UNMC programs may be offered through RHOP at Peru State College in the future, according to Dr. Krobot. He sees Peru State College's participation in RHOP as an important opportunity for rural youths in southeast Nebraska.

Rural rotations are an important part of healthcare education at UNMC. Students spend time working in rural practices under the guidance of rural healthcare professionals who volunteer as preceptors.

Last year, more than 530 UNMC students participated in 854 rural rotations with professionals in 74 Nebraska communities. One of those rural professionals is Dr. Milton (Pete) Johnson. He's been volunteering as a preceptor to UNMC students doing rural rotations in medicine for more than 30 years, predating RHOP and RHEN by more than a decade. "I see quite a few kids who might not have ever

been in the Panhandle," said Dr. Johnson, a physician at the Regional West Physicians Clinic-Family Medicine at Scottsbluff.

The students experience "a little different flavor" compared with what they might encounter in an urban practice, he added. They establish ongoing relationships with patients and the community, which can be an attractive aspect of practicing in a rural area, according to Dr. Johnson. "You never know when those investments (acquainting students with rural practice) are going to pay off."

Asked if the health information technology that's being implemented in many rural areas may also be a factor in attracting health professionals to rural areas, Dr. Johnson responded affirmatively. "Students see that the technology we use in rural areas is the same as what they use in the city. I think that helps avoid the sense of isolation that they (students) may have felt 20 to 25 years ago."

RHEN Director Dr. Johansson said, "Rural preceptors represent an invaluable resource whose contributions allow UNMC to live the vision of a 500-mile campus. We couldn't do this without the support of the preceptors." □

Nebraska's new Health Center Association

The new Health Center Association of Nebraska became official on April 1, 2011, with the Iowa/Nebraska Primary Care Association divided itself into separate associations for the two states.

Nebraska's six Federally Qualified Health Centers formed the new association through a cooperative agreement with the Health Resources Services Administration. At its core, the association will support current and future Nebraska centers in providing better access and quality health care to underserved communities.

Andrea Skolkin, CEO of OneWorld Community Health Centers, Inc., is the current chairperson of the association. Rebecca Rayman, executive director of the Good Neighbor Community Health Center, Columbus,

is vice chairperson and Deb Shoemaker, executive director of People's Health Center, Lincoln, is the secretary/treasurer.

The association recently hired Nancy Thompson to direct the new association. She was the CEO of Big Brothers Big Sisters of the Midlands from 2005 to 2011 and is a former Nebraska state senator who served on the Health and Human Services and Appropriations Committees. She also is a past board member of OneWorld Health Centers, Inc., in Omaha.

The association is in the process of setting up its office in Omaha and hiring its first staff members. Thompson can be reached at nthompson@oneworldomaha.org or (402)990-2395. □

High Demand for Mental Health Counseling Vouchers

Marilyn Mecham, InterChurch Ministries of Nebraska

Despite the prevailing notion that family farmers are earning record incomes and are doing “just fine,” the number of calls to the Nebraska Rural Response Hotline and the need for mental health counseling are still on the rise.

During the first quarter of 2011, 1,233 calls were received by Hotline staff; 629 were from men and 604 from women; 57 percent (702) of the callers received mental health counseling vouchers.

On April 14 the Nebraska Rural Response Hotline staff reported they had already disbursed the April monthly allotment of counseling vouchers to farmers, ranchers, and their families.

Record incomes, record number of calls? What is going on here? In *Still Waiting for the Farm Boom*, Timothy A. Wise, Tufts University, reports that many family farmers are worse off due to rising expenses; decreased government payments and difficulty accessing credit. And, because of the recession, off-farm income, necessary to make ends meet, has fallen.

It is the farm families coping with these challenges who are served by the Nebraska Rural Response Hotline. Their issues go beyond crop yields and livestock prices. Their issues are complex. This past quarter callers asked for help with:

- bipolar condition.
- anger management.
- teenager with OCD/anxiety.
- counseling and legal assistance after driving a friend to bank and standing beside her as she forged checks.
- severe PTSD because of sexual abuse as a child.
- suicidal thoughts after a best friend committed suicide before Christmas.
- post partum depression.
- coping with a spouse who left.
- nervous breakdown due to family feuding over the farm.
- Inability to work after being hurt in farm accident .

- being disabled with autoimmune disease.
- suffering from delusional thoughts and depression.
- 6 yr old diagnosed with ADHD/ODD and possible autism.
- 8 yr old dealing with a mother with mental illness.
- helping a young woman who just got out of jail for illegal use of prescription drugs and is on probation.
- 17 year old who cuts herself and is now pregnant.
- 19 year old with ADHD/Bipolar/OCD.
- child abuse complaints filed by ex-husband.
- blended family with two sets of children having trouble.
- 16 year old sexually harassed by boys at school.
- helping an adopted child who is dealing with past sexual abuse.
- 13 year old dealing with parents divorce and dad being remarried.
- 4-year-old who has suffered brain trauma from a farm accident.
- a child acting out since the father went to jail.
- a daughter who is bipolar and pregnant.
- dealing with effects of years of mental and physical abuse.
- a 14-year-old whose friend was murdered.

Callers to the Hotline come from every county in the state. They call seeking a listening ear, resources, counseling services, and legal advice. And, because of the 28-year history of the Hotline, callers are assured of confidentiality and quality services provided by Hotline staff.

While today's high crop prices may help farmers in the short term, we cannot overlook their continued challenges as they work to keep their farms and ranches running today and into the future.

Nebraska Rural Response Hotline:

1-800-464-0258

Nebraska Healthcare Workforce Task Force

Carly Woythaler-Runestad, MHA

President, Nebraska Rural Health Association

Sometimes demand for healthcare providers outstrips supply.

Although providers, educators and legislators in Nebraska are diligently working to retain existing healthcare personnel and to increase the supply of future professionals, significant gaps between demand and supply continually challenge the industry.

While addressing workforce supply and demand requires a multifaceted approach, collaboration is a key success factor; only through the promotion of partnerships among interested parties can Nebraska's healthcare safety net be strengthened.

Nebraska's current supply of physicians, dentists, dental assistants, podiatrists, pharmacy technicians, emergency medical service providers and radiology technicians is below the national per capita average. We expect that Nebraska will see significant growth (more than 10 percent) in demand for pharmacists, occupational therapists, physical therapists, medical and clinical laboratory technologists and technicians, physician assistants, registered nurses and other critical healthcare professions by 2014.

Demand for healthcare providers is driven by many factors that include the state's aging population and the considerable geographic distance that many clinicians cover in order to reach populations in need. As a result, the state clearly faces emerging challenges to ensure access to an adequate workforce.

To promote collaborative efforts to meet the growing demand, the Nebraska Department of Health and Human Services, Office of Rural Health, the

Nebraska Rural Health Association and the Health Resources and Services Administration recently joined forces to establish a Nebraska Healthcare Workforce Task Force. This group's goal is to continually examine Nebraska's overall healthcare workforce and to generate a statewide agenda to ensure an adequate healthcare workforce for Nebraska's future.

Key individuals and organizations were identified and invited to participate in three organizational meetings between January 2011 and July 2011; two of these three meetings have already occurred. Task force members were charged with identifying collaborative potential and funding opportunities, exploring existing solutions, and creating new workforce strategies for the future.

At the conclusion of the second meeting – held in April 2011 – task force members recommended that a centralized healthcare workforce center be established in Nebraska to act as a repository for health workforce information and prevent duplication of programs and services. A central resource center could develop collaborative partnerships between interested parties, act as a bridge for resources, provide a link between policy and practice, and supply the needed data and collective recommendations to address current and future issues.

The task force will reconvene in June to further define the parameters of the anticipated center, including: 1) developing the center's scope of activities; 2) determining who should play a role in the leadership; 3) outlining a mission and vision, including an action plan and key priorities; 4) examining available funding opportunities; and 5) creating a timeline for the center's formation. More information will be forthcoming after that meeting. □

MARK YOUR CALENDARS

Nebraska Rural Health Advisory Commission Meeting

Friday, June 17, 2011, 1:30 p.m.
220 South 17th Street - Lincoln, NE

NRHA Quality and Clinical Conference

July 20-22 - Rapid City, SD

CRHC Coding and Billing Workshop

September 21, 2011 - 9:00 a.m. - 4:00 p.m.
Younes Conference Center -- Kearney, NE

2011 Annual Nebraska Rural Health Conference

September 21-22, 2011 - Kearney, NE
Younes Conference Center - www.RuralHealthWeb.org

Nebraska Rural Health Advisory Commission Meeting

Thursday, September 22, 2011, 6:00 p.m.
Holiday Inn Convention Center - Kearney, NE

NRHA Rural Health Clinic Conference

September 27-28, 2011 - Kansas City, MO

NRHA Critical Access Hospital Conference

September 28-30, 2011 - Kansas City, MO

2011 PHAN Annual Conference

October 13-14, 2011
Midtown Holiday Inn - Grand Island, NE

Nebraska Rural Health Advisory Commission Mtg.

Friday, November 18, 2011, 1:30 p.m.
220 South 17th Street - Lincoln, NE

Connecting Nebraska Rural Health Clinics

John Roberts, NeRHA Executive Director

In recent years, the Federal government has attempted some budget-cutting strategies which would have ignored the unique needs and dynamics of underserved, rural populations in America and the certified rural health clinics that serve them.

The Rural Health Clinics Program (RHC Program) was established in response to the unmet needs of Medicare and Medicaid recipients in underserved areas of rural America. In the RHC Program, the federal government crafted a plan to encourage physician assistants, nurse practitioners, and physicians to practice together in rural areas. Today, rural health clinics are an integral part of the Nebraska health care delivery system, with over 130 federally certified rural health clinics providing primary care services for rural Nebraskans.

The Nebraska Rural Health Association is the only Nebraska non-profit organization dedicated exclusively to improving the access to quality health care in rural Nebraska. The Association's mission is to bring together diverse interests and provide a unified voice to

promote and enhance the quality of rural health through leadership, advocacy, coalition building, education and communications.

Because of NeRHA's unique and specific focus on the rural health, the Nebraska Rural Health Clinics - Constituency Section (NRHC-CS) was started two years ago to serve as an important advocate for the needs of rural health clinics in the State of Nebraska. It has become a vital link between Nebraska rural health clinics and federal legislators and regulators as well as advocating on dozens of other issues of interest to rural health clinics.

Are you currently a member of NeRHA's Nebraska Rural Health Clinics - Constituency Section? When rural health clinics join the NeRHA they automatically have access to a Group Purchasing Program and Management Services Program that will connect them to the products and services that help them succeed and reduce costs. Each partner in this program brings a valuable service or product at an exclusive discounted price.

The Nebraska Rural Health Association has partnered with an alliance of partners to leverage resources, products and services that are high in reputation and quality. The best news – when you join the NeRHA it's part of your NeRHA membership, no extra cost to you! To see the full line up of solution partners go to <http://www.ppamember.com/solution-partners.asp>

The Practice Management Services provides you with the necessary tools to make a difference in your practice. Some of the services include operational and financial assessments, chart audits, human resource management, billing services, clinic and health center start-up services and much more.

For more information, contact: John L. Roberts, Executive Director, Nebraska Rural Health Association at (402) 421-2356 or jroberts@mwhe-inc.com □

Veterans hotline and online chat

With Help Comes Hope

**Are you in crisis? Please call 1-800-273-TALK
Are you feeling desperate, alone or hopeless?
Call the National Suicide Prevention Lifeline
at 1-800-273-TALK (8255), a free, 24-hour hot-
line available to anyone in suicidal crisis or
emotional distress. Your call will be routed to
the nearest crisis center to you.**

- **Call for yourself or someone you care about**
- **Free and confidential**
- **A network of more than 140 crisis centers nationwide**
- **Available 24/7**

Brodstone Memorial Hospital: 3D mammography addition

With the help of a grant received from the Leona M. and Harry B. Helmsley Charitable Trust, Brodstone Memorial Hospital in Superior, Nebraska has recently installed the Hologic Selenia full field digital mammography system, along with the newest 3D technology to that unit, tomosynthesis.

Tomosynthesis is new to the United States just being approved by the FDA in February 2011. With more than 8000 breast cancer screening sites in the U.S. Nearly 5000 have at least one digital mammography system. Less than 100 have installed this newest generation of digital mammography equipment. "Brodstone is actually the first to install a unit of this kind in Nebraska," said Cindy Hedstrom, Director of Diagnostic Imaging. Tomosynthesis however is not new to the world. It is currently available in 44 countries outside of the United States, thus having a proven record indicating that it can indeed improve cancer detection and reduce recall rates.

"Breast tomosynthesis is a revolutionary technology that will give us the ability to identify and characterize individual breast structures without the confusion of overlapping tissue," said Dr. Dan Herold of Hastings Radiology Associates in Hastings, Nebraska. During a tomosynthesis exam, multiple, low-dose images of the breast are acquired at different angles. These images are then used to produce a series of one-millimeter thick slices that can be viewed as a 3D reconstruction of the breast.

With conventional 2D mammography you would see the entire breast in one flat representation. Radiologists that have been using the 3D technology have been able to find cancers that were missed on conventional 2D imaging due to the overlapping tissue or structural noise. Tomosynthesis eliminates the overlapping tissue and has already been shown to offer the benefit of lower recall rates.

Brodstone providers are hopeful that tomosynthesis will also help reduce biopsy rates of benign lesions due to the fact that mass

borders can be better delineated. Utilizing the combo-mode of this technology is very helpful, as the patient's position is identical to that of the 2D image. This also allows providers to obtain both the 2D and 3D images in the same compression.

The hospital now has the option to provide just the 3D component for patients who have had their mammogram at their regular hospital and are in need of additional imaging.

"We have been using the "Softer Mammogram Pad" for several years now which provides a softer, warmer mammogram and that has been very well received by our patients," noted Hedstrom.

Along with the installation of the equipment, the hospital has added a separate attached dressing room, warm robes, soft music, and a beverage center in hopes of providing the patients with a spa-like, stress free environment," according to Cindy Hedstrom.

"This 3D technology along with the ability to do breast MRI, sedation MRI and bone densitometry makes us a complete women's area health facility," said John Keelan, CEO.

For more information or if you would like to visit our facility, please contact Cindy Hedstrom, Director of Diagnostic Imaging at (402) 879-3281 extension 146. □

Suicide prevention resources:

Nebraska State Suicide Prevention Coalition:
www.suicideprevention.nebraska.edu

Nebraska Rural Response Hotline:
(800) 464-0258.



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Nebraska Department of Health & Human Services
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ACCESSory Thoughts

Recruitment, retention and realities

Dennis Berens, Director
Nebraska Office of Rural Health

When I started in the Office of Rural Health in October of 1990, we were frantically working to address the shortage of health professionals in rural areas of our state -- especially the shortage of primary care physicians and nurses.

Guess what! We are facing that same reality again in 2011. In addition, we have shortages of most health care professionals today. We are nervous that rural communities won't be able to replace dentists who retire, and we're uncertain about the role for rural pharmacists. And what will we do to address our aging EMS workforce, 80 percent of whom are volunteers?

This issue is one that all of us must address. Parents know the importance of quality health care for their children. Do families help make children aware of the many health care professions they might enter?

Churches care for the whole person; they may also be able to help identify members who would make wonderful health care workers.

Schools have a wonderful opportunity at all levels to explain the shift in our demographics and the resulting health care issues. Schools can encourage their students to consider the huge career opportunities in health and health care.

Communities also need to step up to the plate and look at their citizen mix today and for the next 20 years: what care

is needed today and what will be needed in coming decades.

Communities must begin planning and having partnership discussions, including figuring out how present resources can be retooled to address identified needs and goals.

In order to process all of the data on workforce shortages now and into the future, a group of partners have assembled to create the Nebraska Healthcare Workforce Shortage Task Force. The simple goal of the group is to take all of the information available and begin to establish some realistic goals for using the wonderful research that we have within our partner organizations.

Want to help?

The Task Force is being staffed by the Nebraska Rural Health Association and meets at designated intervals to review the research and to work on doable recommendations. What do you believe that this group needs to know about the issues? What ideas do you think could help to address our health and health care workforce issues?

Please share your thoughts with the Task Force by emailing our Rural Health Association facilitators: Carly Runestad at crunestad@mourninghope.org or John Roberts at jroberts@mwhe.net within a week of receiving this newsletter. Know that the group really wants your ideas. Remember, the group wants solutions that can be put into goals and then become a reality.

Thank you all for caring about our rural communities and the citizens that live there. □